

APPROVED

Express Mail No.: EL 984898219 US
Date Deposited: 11/17/2003PTO DEDUCTIBLE CHARGE
RECEIVED NOV 17 2003PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DUNLAP, CODDING & ROGERS, P.C.

**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number	09/872.046
Filing Date	05/31/2003
First Named Inventor	Donald E. Weder
Examiner Name	M. Williamson
Art Unit	1616
Attorney Docket No.	8403.399

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ None☒ Deposit Account:Deposit
Account
Number

04-1700

Deposit
Account
NameDunlap, Coddling & Rogers, P.C.
Customer No. 30589

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	X	\$0
Multiple Dependent	** =	X	\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) Terminal Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 110

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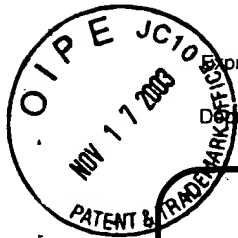
(Complete if applicable)

Name (Print/Type)	Kathryn L. Hester, Ph.D.	Registration No. (Attorney/Agent)	46,768	Telephone	(405) 607-8600
Signature		Date	11/17/2003		

Mail Stop - Fee Amendment
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TECH CENTER

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/872,046

Filing Date

05/31/2001

First Named Inventor

Donald E. Weder

Group Art Unit

1616

Examiner Name

M. Williamson

Attorney Docket Number

8403.399

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
☐ Fee Attached
☒ Amendment / Reply
☐ After Final
☐ Affidavits/declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts/ Incomplete Application
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
☒ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation Change of Correspondence Address
☒ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify below):

See remarks below:

Remarks

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Fee Determination Record (1 page);
4. Terminal Disclaimer w/Certificate Under 37 CFR 3.73(b) (5 pages);
5. Amendment (10 pages); and
6. Postcard.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual nameDUNLAP, CODDING & ROGERS, P.C., Customer Number 30589
Attn: Kathryn L. Hester, Ph.D., P. O. Box 16370, Oklahoma City, Oklahoma 73113

Signature

Date

11-17-03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EL 984898219 US in an envelope addressed to the address below on this date: 11/17/2003

Typed or printed name

Kathryn L. Hester, Ph.D., Reg. No. 46,768

Signature

Date

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

8403.399

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	37 minus 20 = *	17
INDEPENDENT CLAIMS (37 CFR 1.16(b))	7 minus 3 = *	4
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9 =	0
x 40 =	0
+ 135 =	0
TOTAL	0

RATE	FEE
	\$ 710
x \$ 18 =	306
x 80 =	320
+ 270 =	0
TOTAL	1336

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 41	Minus ** 37	= 4
Independent (37 CFR 1.16(b))	* 9	Minus *** 7	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 135 =	0
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ 18 =	72
x 80 =	160
+ 270 =	0
TOTAL	232

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 5	Minus ** 41	=
Independent (37 CFR 1.16(b))	* 3	Minus *** 9	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 135 =	0
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ 18 =	0
x 80 =	0
+ 270 =	0
TOTAL	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 135 =	0
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ 18 =	0
x 80 =	0
+ 270 =	0
TOTAL	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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